



CHICAGO STATE UNIVERSITY

Abilities Office of Student Services

Returning Applicant Accommodation Request

*CSU ID (900 number)

*First Name:

*Last Name:

*Email Address:

*Phone Number:

GRADUATE STUDENT

UNDERGRADUATE STUDENT

FULL TIME STUDENT

PART TIME STUDENT

*Major

*Minor

Academic Advisor

Fall
Summer
Spring

Are you currently receiving services through the Department of Health Services or Department of Rehabilitation Services?

Does your diagnosis require you to use CSU transportation?

What types of accommodations are you seeking?

Have your needs changed (*i.e., new diagnosis, new symptoms, improvements in condition, etc.*)*

STUDENT SIGNATURE _____ DATE _____

Once completed, save and email as an attachment to abilites@csu.edu